

CERTIFICATION OF VITAL RECORD

D-5534
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

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|--|--|--|---|
| 1. DECEDENT'S NAME First: <u>Everett</u> Middle: <u>Wayne</u> Last: <u>KENASTON</u> | | 2. SEX <u>M</u> | 3. DATE OF DEATH (Month, Day, Year) <u>February 17, 1989</u> |
| 4. SOCIAL SECURITY NUMBER <u>503-05-8937</u> | 5a. AGE - Last Birthday (Years) <u>75</u> | 5b. Under 1 Year Mos. <u> </u> Days <u> </u> | 5c. Under 1 Day Hours <u> </u> Mins. <u> </u> |
| 6. BIRTHPLACE (City and State or Foreign Country) <u>Greenleaf, Kansas</u> | | 7. DATE OF BIRTH (Month, Day, Year) <u>September 17, 1913</u> | |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Other: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u> | | | |
| 9b. FACILITY NAME (If not institution, give street and number) <u>3941 Barry Avenue</u> | | 9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u> | |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Clerk/sales</u> | | 10b. KIND OF BUSINESS/INDUSTRY <u>Grocery Store owner</u> | |
| 11. MARITAL STATUS - Married, Widowed, Divorced (Specify) <u>Widowed</u> | | 12. SPOUSE (If Married, Widowed) <u>Viola</u> | |
| 13a. RESIDENCE - STATE <u>Oregon</u> | | 13b. COUNTY <u>Klamath</u> | |
| 13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u> | | 13d. STREET AND NUMBER <u>3941 Barry Avenue</u> | |
| 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify: <u> </u> | | 15. RACE American Indian, Black, White, etc. (Specify) <u>White</u> | |
| 16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>10</u> | | 17. INFORMANT - NAME and relationship to decedent <u>Douglas Kenaston, son</u> | |
| 18. FATHER - NAME first middle last <u>Lloyd David Kenaston</u> | | 19. MOTHER - NAME first middle maiden <u>Ethel Elizabeth George</u> | |
| 20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u> </u> | | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Crematory</u> | |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>William J. Davenport</u> | | 21b. LICENSE NUMBER (Of Licensee) <u>47-3104</u> | |
| 22. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 South 6th St., Klamath Falls, Oregon 97603-7194</u> | | 23. DATE FILED (Month, Day, Year) <u>FEB 17 1989</u> | |
| 24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u> | | 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A | |
| TO BE COMPLETED BY CERTIFYING PHYSICIAN | | | |
| 27. TIME OF DEATH <u>0350 A M</u> | | 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Kenneth K. Magee</u> | | | |
| 30. DATE SIGNED (Month, Day, Year) <u>February 17, 1989</u> | | 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Kenneth K. Magee, MD, 1900 Main Street, Klamath Falls, Oregon 97601</u> | |
| 32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u> | | 33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) (a) <u>Hypertension of liver & Loarned cirrhosis</u> (b) <u>Chronic Alcoholism</u> (c) <u> </u> | |
| 34. INTERVAL BETWEEN ONSET AND DEATH <u> </u> | | 35. INTERVAL BETWEEN ONSET AND DEATH <u> </u> | |
| 36. INTERVAL BETWEEN ONSET AND DEATH <u> </u> | | 37. INTERVAL BETWEEN ONSET AND DEATH <u> </u> | |
| 38. INTERVAL BETWEEN ONSET AND DEATH <u> </u> | | 39. INTERVAL BETWEEN ONSET AND DEATH <u> </u> | |
| 40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention | | 41a. DATE OF INJURY (Month, Day, Year) <u> </u> | |
| 41b. TIME OF INJURY <u> </u> | | 41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 41d. DESCRIBE HOW INJURY OCCURRED <u> </u> | | 41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u> | |

ORIGINAL - VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED FEB 20 1989RETURN: MTZSTATE OF OREGON: COUNTY OF KLAMATH: SS.Filed for record at request of Mountain Title Co. the 21st day of March A.D., 19 89 at 8:44 o'clock A.M., and duly recorded in Vol. M89 of Deeds on Page 4692By Evelyn Biehn County Clerk

FEE \$8.00